

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-044305
5957 STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5957

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5957

| | | | |
|--|------------------------------|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>JACKSON</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>JACKSON</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>KANSAS CITY</u> | | c. CITY OR TOWN <u>KANSAS CITY</u> | |
| Length of stay in 1b <u>54 yrs.</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>5201 PROSPECT</u> | | d. STREET ADDRESS (If outside, give location) <u>8234 TROOST</u> | |
| Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Middle Last <u>JOSEPH H. TIGERMAN</u> | | 4. DATE OF DEATH Month Day Year <u>Nov. - 1 - 1963</u> | |
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>W</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>JULY 31 - 1909</u> |
| 9. AGE (last birthday) <u>54</u> | | IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SEAL</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>AUTO-SALE</u> | |
| 11. BIRTHPLACE (City and state or country) <u>KANSAS CITY, Mo. U.S.A.</u> | | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>HARRY TIGERMAN</u> | | 13b. MOTHER'S MAIDEN NAME <u>REBECCA KEMP</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>DECEASED</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | |
| 16. SOCIAL SECURITY NO. <u>9981X</u> | | 17. INFORMANT Address <u>K.C. Mo.</u> <u>MRS. REBECCA TIGERMAN</u> | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Bullet Wounds Abdomen</u> DUE TO (b) <u>head</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | | | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> | |
| 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Shot by unknown</u> | | 20c. TIME OF INJURY Hour Month, Day, Year <u>11-1-63</u> | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, school, office bldg., etc.) <u>Place of business Kansas City Jackson Mo</u> | |
| 20f. CITY, TOWN, OR LOCATION <u>KANSAS CITY</u> | | COUNTY <u>JACKSON</u> | |
| 20g. STATE <u>MO</u> | | 21. I attended the deceased from _____, to _____ and last saw him alive on _____ Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated. | |
| 22a. SIGNATURE (Degree or title) <u>Hugh H. Owens</u> | | 22b. ADDRESS <u>162 Union Station</u> | |
| 22c. DATE SIGNED <u>11-2-63</u> | | 22d. LOCATION (City, town, or county) (State) <u>K. C. Mo.</u> | |
| 23. NAME OF CEMETERY OR CREMATORY <u>ROSE HILL</u> | | 23d. LOCATION (City, town, or county) (State) <u>K. C. Mo.</u> | |
| 23a. FUNERAL DIRECTOR <u>H. TIGERMAN & SON'S K.C. Mo.</u> | | 23b. DATE RECD. BY LOCAL REG. <u>11-2-63</u> | |
| 23c. REGISTRAR'S SIGNATURE <u>Bessie Smith</u> | | 23d. DATE SIGNED <u>11-2-63</u> | |

DOCUMENT

BY AFFIDAVIT OF
H. Owens
MEDICAL CERTIFICATION

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

USE BLACK INK
OR
TYPEWRITER RIBBON

VS 300
Rev. 4/59

1

2 3948

3

4 0.

5 2

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8 1

9 981X

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12 90-3

13

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed W. Le Roy Mooney

Licensed Embalmer No. 4776

P. O. Address K. C. Mooney

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.